

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

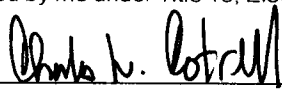
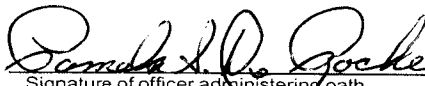
## FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:	
3 COMMITTEE NAME  <b>Citizens for C.H.A.N.G.E.</b>				OFFICE USE ONLY  Date Received  Date Hand-delivered or Date Postmarked	
4 COMMITTEE ADDRESS  <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>PO Box 120003 San Antonio, TX 78212</b>			
5 CAMPAIGN TREASURER NAME  TITLE FIRST MI <b>Charles L</b> NICKNAME LAST SUFFIX <b>Charlie Cottrell Ph. D.</b>		Receipt # Amount Date Processed Date Imaged			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>President's Office, St. Mary's University One Camino Santa Maria San Antonio, TX 78228-8572</b>			
7 CAMPAIGN TREASURER'S MAILING ADDRESS  <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>508 W. Craig San Antonio TX 78228</b>			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <b>( 210) 436-3722</b>			
9 REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year      Month Day Year <b>10 / 06 / 01</b> THROUGH <b>10 / 29 / 01</b>			
11 ELECTION		ELECTION DATE Month Day Year <b>11 / 06 / 01</b> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input checked="" type="checkbox"/> Special			

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME <b>Citizens For C.H.A.N.G.E.</b>		ACCOUNT # (Ethics Commission filers)	
13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.)  <input checked="" type="checkbox"/> SUPPORT  <input type="checkbox"/> OPPOSE  <input type="checkbox"/> ASSIST (officeholders only)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / #	
		ELECTION DATE Month Day Year 11 / 06 / 01	
		DESCRIPTION <b>Charter Amendment Reform</b>	
14 NO REPORTABLE ACTIVITY		<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
15 CONTRIBUTION TOTALS  EXPENDITURE TOTALS  OUTSTANDING LOAN TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$45,500.00
	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED		\$
	4. TOTAL POLITICAL EXPENDITURES		\$12,000.00
	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		
16 AFFIDAVIT			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.			
 Signature of campaign treasurer			
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said <u>Charles W. Cotrell</u> , this the <u>30th</u> day of <u>October</u> , 20 <u>01</u> , to certify which, witness my hand and seal of office.			
 Signature of officer administering oath		<u>Pamela S. DeRoche</u> Printed name of officer administering oath	
		<u>Administrative Assistant</u> Title of officer administering oath	

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME <b>Citizens for C.H.A.N.G.E.</b>		3 ACCOUNT # (Ethics Commission filers) <b>27-0000-7501</b>	
4 Date <b>10/19/01</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Amato</b>	7 Amount of contribution (\$) <b>500.00</b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>9311 San Pedro, Apt. 6000 San Antonio, TX 78716</b>			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date <b>09/24/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Cheever</b>	Amount of contribution (\$) <b>2,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>501 Terrell Rd. San Antonio, TX 78209</b>			
Principal occupation (Optional)		Employer (Optional)	
Date <b>10/24/01</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>B.W. Coleman</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 7429 San Antonio, TX 78207-0429</b>			
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C:	
2 FILER NAME  Citizens for C.H.A.N.G.E.		3 ACCOUNT # (Ethics Commission filers)  27-0000-7501	
4 Date 10/19/01	5 Corporation / Labor Organization name Beldon Roofing Company	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)  2001 OCT 31 P 2:54 CITY OF SAN ANTONIO CITY CLERK RECEIVED
	6 Corporation / Labor Organization address; City; State; Zip Code 5039 West Avenue San Antonio, TX 78213		
Date 10/17/01	Corporation / Labor Organization name Burton Rose Gonzales	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 816 Camaron, Ste. 209 San Antonio, TX 78212		
Date 10/06/01	Corporation / Labor Organization name Chase Manhattan Bank	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code PO Box 2558 Houston, TX 77252-8361		
Date 10/19/01	Corporation / Labor Organization name Frost National Bank	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 100 W Houston St. San Antonio, TX 78205		
Date 10/18/01	Corporation / Labor Organization name HEB Grocery Company	Amount of contribution (\$) 2,500.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code PO Box 839944 San Antonio, TX 78283-3944		
Date 10/06/01	Corporation / Labor Organization name San Antonio Spurs	Amount of contribution (\$) 5,000.00	In-kind contribution description (if applicable)
	Corporation / Labor Organization address; City; State; Zip Code 100 Montana San Antonio, TX 78203		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			

# CORPORATE OR LABOR ORGANIZATION CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE C

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule C:	
2 FILER NAME <b>Citizens for C.H.A.N.G.E.</b>		3 ACCOUNT # (Ethics Commission filers) <b>27-0000-7501</b>	
4 Date <b>10/06/01</b>	5 Corporation / Labor Organization name <b>USAA</b> 6 Corporation / Labor Organization address; City; State; Zip Code <b>9800 Fredericksburg Rd. San Antonio, TX 78288</b>	7 Amount of contribution (\$) <b>5,000.00</b>	8 In-kind contribution description (if applicable) <b>2001 OCT 1 P 2:54 RECEIVED CITY OF SAN ANTONIO CLERK</b>
Date <b>10/17/01</b>	Corporation / Labor Organization name <b>Valero Corp. Services Co.</b> Corporation / Labor Organization address; City; State; Zip Code <b>P.O. Box 500 San Antonio, TX 78292-0500</b>	Amount of contribution (\$) <b>5,000.00</b>	In-kind contribution description (if applicable)
Date <b>10/23/01</b>	Corporation / Labor Organization name <b>Loeffler, Jonas and Tuggey</b> Corporation / Labor Organization address; City; State; Zip Code <b>700 N. St. Mary's, Ste. 100 San Antonio, TX 78205</b>	Amount of contribution (\$) <b>10,000.00</b>	In-kind contribution description (if applicable)
Date <b>10/24/01</b>	Corporation / Labor Organization name <b>Alamo Title</b> Corporation / Labor Organization address; City; State; Zip Code <b>10010 San Pedro, Ste. 700 San Antonio, TX 78216</b>	Amount of contribution (\$) <b>2,500.00</b>	In-kind contribution description (if applicable)
Date <b>10/18/01</b>	Corporation / Labor Organization name <b>Morton Companies</b> Corporation / Labor Organization address; City; State; Zip Code <b>1919 Oakwell Farms, Ste. 270 San Antonio, TX 78218</b>	Amount of contribution (\$) <b>1,500.00</b>	In-kind contribution description (if applicable)
Date	Corporation / Labor Organization name  Corporation / Labor Organization address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			



**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME

Citizens for C.H.A.N.G.E.

**3** ACCOUNT # (Ethics Commission filers)**4** Date

10/17/01

**5** Payee name

Guerra DeBerry Coody

**6** Payee address; City; State; Zip Code122 E Houston St.  
San Antonio, TX 78205**7** Amount  
(\$)

12,000.00

**8** Purpose of payment (See instructions regarding type of information required.)

Radio Media Buy

**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK  
OCT 31 P 2:54

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name Office sought Office held**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC

COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

CITY OF SAN ANTONIO  
CITY CLERK  
Total pages filed:

3 COMMITTEE NAME

Citizens for C.H.A.N.G.E.

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 120003 San Antonio TX 78212

☐ Change of Address

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

Charles

NICKNAME LAST SUFFIX

Charlie Cottrell Ph.D

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

President's office, St. Mary's University  
One Camino Santa Maria San Antonio, TX 78228-8572

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

508 W. Craig San Antonio, TX 78228

☐ Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210 ) 436-3722

9 REPORT TYPE

☐ January 15

☐ July 15

☒ 30th day before election

☐ 8th day before election

☐ Runoff

☐ Exceeded \$500 limit

☐ Dissolution (attach PAC-DR)

☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

09 / 27 / 01

THROUGH

Month Day Year

10 / 06 / 01

11 ELECTION

ELECTION DATE  
Month Day Year

11 / 06 / 01

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☒ Special

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# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC SHEET PG 2

### 12 COMMITTEE NAME

Citizens for C.H.A.N.G.E.

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

ACCOUNT #  
(for ethics commission filers)

2001 OCT 25

#27-0000-7501

### 13 COMMITTEE PURPOSE

(Attach lists on plain  
paper to complete this  
report if necessary.)

☐ CANDIDATE

CANDIDATE / OFFICEHOLDER NAME

☐ OFFICEHOLDER

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

☒ SUPPORT

☐ OPPOSE

☐ ASSIST  
(officeholders only)

☒ MEASURE

BALLOT IDENTIFICATION / #

ELECTION DATE  
Month Day Year  
11 / 06 / 01

DESCRIPTION

### 14 NO REPORTABLE ACTIVITY

☒ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

### 15 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0.00

### EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 0.00

### OUTSTANDING LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

### 16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to be  
reported by me under Title 15, Election Code.

*Charles L. Cottrell*

Signature of campaign treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Charles L. Cottrell, this the 24th day  
of October, 20 01, to certify which, witness my hand and seal of office.

*Pamela S. DeRoche*

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath